



HAWAII STATE ETHICS COMMISSION  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
Nip	Celeste	Y.K.	949-1566
MAILING ADDRESS (Street)			FAX
2305 S. Beretania Street, #202			952-6003
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96826	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii Fire Fighters Association - Political Action Committee			949-1566
MAILING ADDRESS (Street)			FAX
2305 S. Beretania Street, #202			952-6003
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96826	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Fire Fighters Association			949-1566
MAILING ADDRESS (Street)			FAX
2305 S. Beretania Street, #202			952-6003
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96826	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Celeste Y.K. Nip			949-1566
MAILING ADDRESS (Street)			FAX
2305 S. Beretania Street, #202			952-6003
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96826	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	Transportation
Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	<input checked="" type="checkbox"/> Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*



(Signature of Lobbyist)

1.11.07

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Robert H. Lee	President

NAME OF ORGANIZATION (if applicable)

Hawaii Fire Fighters Association - Political Action Committee

TELEPHONE

949-1566

MAILING ADDRESS (Street)

2305 S. Beretania Street, #202

FAX

952-6003

(City)

(State)

(Zip Code)

Honolulu

Hawaii

96826

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*



(Signature of Authorizing Officer or Person Represented)

1.11.07

(Date)